

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90049 031 ***150.00

DOCUMENT # 697825

1. Corporation Name
TRADEX GROUP CORP.

Principal Place of Business
18305 BISCAYNE BLVD., SUITE 303
NORTH MIAMI BEACH FL 33160

Mailing Address
18305 BISCAYNE BLVD., SUITE 303
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1981

4. FEI Number
65-0067068

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State
AVENTURA, FL

28 City & State
AVENTURA, FL

24 Zip
33160

29 Zip
33160

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELNECAVE, ROLAND
210 174 ST.
N MIAMI BCH. FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SCHAFFER, SOL
STREET ADDRESS 2084 WALDEN COURT
CITY-STATE-ZIP FLINT MI ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE TS
NAME ELNECAVE, SARA L
STREET ADDRESS 210-174 ST.
CITY-STATE-ZIP MIAMI FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE V
NAME ELNECAVE, ROLAND
STREET ADDRESS 210-174 ST.
CITY-STATE-ZIP MIAMI FL ☐ DELETE

3.1 TITLE PRESIDENT
3.2 NAME ROLAND ELNECAVE
3.3 STREET ADDRESS 210-174 ST
3.4 CITY-STATE-ZIP SUNNY ISLES BEACH, FL ☒ Change ☐ Addition

TITLE D
NAME DEUTSCH, LINDA
STREET ADDRESS 26345 EVELYN CT.
CITY-STATE-ZIP FRANKLIN MI ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D
NAME SCHAFFER, ARNOLD
STREET ADDRESS 365 WOODRIDGE
CITY-STATE-ZIP BLOOMFIELD HILLS MI ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLAND ELNECAVE

Date

Daytime Phone #

4/21/99 (805) 933-3755

CR2E034 (11/98)

0232148